

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576840

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1			52						
3	2			1			53						
4	2			1			54						
5	2			1			55						
6	2			1			56						
7	2			1			57						
8	2			1			58						
9	2			1			59						
10	0			1			60						
11	0			1			61						
12	0			1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1										
TOTAL DEP.	18	←	16	←		←		↓		↓		↓	
TOTAL CLAIMS	19		17										